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ABSTRACT

During the planning year, services were provided to 40 children and their families who could not be handled elsewhere. Children were considered high risk due to behavior disorders. Services included a preschool class, parent participation, placement and support services with followup, and supplementary services. The program was served by consultants and an advisory council in addition to the staff. Continuous planning included dissemination of information on successes, analyzing problem areas, determining priorities, extending services, and evaluating the project. The project has been observed by students and other visitors, and a number of papers on the project have been presented. Staff personnel were involved in various inservice training activities. The principal method of evaluation was the measurement of child progress in behavioral terms. Future plans include replications, widening the referral base, inservice training for interested professionals, and further demonstration activities. (MS)

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Final Report

7/15/70

Regional Intervention Project for Preschoolers and Parents

Grant # OEG-0-9-520320-4535(619)

Kennedy Center/Child Study Center

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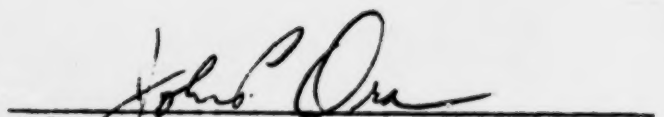

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Project Director

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TABLE OF CONTENTS

Identification, Diagnosis, and Evaluation of Children. 1

Educational and Therapeutic Services Provided. 2

Table 1. 3

Supplementary Services 5

Parent Participation 5

Consultants. 7

Staff. 8

Advisory Council Activities. 8

Planning Activities. 9

Facilities 10

Demonstration and Dissemination. 11

In-Service Training Activities 12

Evaluation Activities. 13

Coordination 15

Continuation 15

Budget 16

Timetable. 16

Identification, Diagnosis, and Evaluation of Children

Forty children and their families have been served by the Project during the planning year. Except for one self-referral, all have been referred by pediatricians or agencies with pediatric staff. In straightforward cases the Project relies on pediatric or agency reports, in addition to parent information on intake, for diagnostic starting point. Complex problems receive repeated workups by the Infant Developmental Evaluation Clinic (also an in-house referral source) concurrent with the Project's own on-line assessment.

The Project's criteria for admission continue to be based on professional judgements of the risk for extended care inherent in child-environment interactions, given that the ability of all other management systems to positively alter the interactions significantly has been exceeded. To use other criteria, such as the more customary, one-sided categorization of child problems, would strike at the very purpose of the Project. RIP functions to provide intensive, comprehensive, and often preventative behavioral science service to those families that cannot be adequately handled elsewhere and whose child or children are at high risk, due to behavior disorders, for later extended care without such intervention. Thus, the Project is a safety net under community service systems for preschoolers. It takes only cases that "drop through" the systems. For example, Case 20 is a physically normal but mute child of deaf mute parents. He is severely oppositional, expressing his desires by assaultive tantrums. In the opinion of Vanderbilt Medical School's Developmental Evaluation and Treatment Clinic, which consists of the heads of or representatives from the major treatment systems in the county, the child was at high risk, with eventual institutionalization a possibility. Both his severe behavior problems and the very complex and time-consuming case management problems that exist made RIP the only system that could help the family.

Through the Project this essentially normal child will be brought under control through training of his parents, placed in a language stimulation program in RIP preschool and at home, and returned to ongoing community preschool systems with continuing RIP support on language stimulation and cognitive development.

Educational and Therapeutic Services Provided

Table 1 summarizes the status of the 40 children in the Project at the conclusion of the planning year. Ten children were viewed as meeting Wing's criteria for early childhood autism. Fourteen had severe behavior disorder in addition to failures to develop at normal rates that ranged from borderline to severe. Sixteen were oppositional; that is, although in a number of cases behavior problems began in association with congenital disability or chronic infection, the child was judged to be not in need of individual tutoring and able to profit from alteration of the timing of otherwise adequate parental responses.

Six children currently attend the RIP preschool class. Twelve others attended the class and have been returned to ongoing systems. The preponderence of cases in the two right hand columns of Table 1 indicates RIP's success in preparing children for a return to available and, often, "normal" educational placements.

Participation is required of parents whose children are in the two left hand columns. Of more interest is the continuing Project activity from parents of 13 of the 28 children for whom RIP is no longer the primary educational system, despite the number of distant residences, etc., represented in the list. Although these parents "serve" RIP, they are also constantly expanding and consolidating their grasp of what they have learned, which is a RIP "service" to them.

Several aspects of service are not represented in the table. The Project's reputation as "the" resource agency for young autistic children has spread through the

	Tutoring	RIP Class	Coordinating or Cooperating Center	Other
"Autistic"	16-37-3/21/70	M-44-6/17/69	0-71-9/4/69 RIP Metro G-81-2/7/69 Metro Classroom F-70-2/28/69 Metro Classroom H-64-3/31/69 Hopkinsville P-63-5/26/69 Walden House 4-74-11/10/69 Hopkinsville	7-48-12/6/69 Home 9-15-1/5/70 Home
"Retarded"		6-32-12/5/69 8-34-12/19/69 14-33-2/13/70	K-52-4/24/69 DCDC Q-38-6/9/69 Hopkinsville C-93-7/17/69 Hopkinsville N-40-8/4/69 Preschool B-56-8/15/69 Preschool D-58-9/3/69 CDCC	I-44-6/12/69 Home 1-57-10/20/69 Preschool 11-34-3/8/70 Home 15-17-2/26/70 Home 10-26-3/3/70 Memphis
"Oppositional"	18-36-5/10/70 19-31-6/11/70 20-26-6/15/70 21-24-6/16/70 22-25-6/17/70	13-21-2/17/70 17-31-4/1/70	3-45-11/17/69 Wilkerson	E-44-4/9/69 Home A-32-6/12/69 Home R-24-7/3/69 Home J-19-8/3/69 Home L-35-8/12/69 Preschool 2-39-10/27/69 Preschool 5-25-11/19/69 Home 12-28-2/16/70 Home

Table 1. An initial letter is a name code for children formally accepted before Sept. 2, 1969. An initial number is a name code for children accepted thereafter. The following two digit number gives the age of the child in months upon admission. The date is the admission date. Underlined are the cases whose parents are participating daily or weekly in Project operations.

region, with one family moving from Atlanta to join. Also, the poor prognosis of many of the cases served has begun to show in results. The mother of one child, whom experimental data showed to be eminently controllable and normal, could not sustain a management program despite considerable success. Case control was returned to the referring physician for further referral on behalf of the mother. In contrast, the parents of Case #10, who moved to Nashville from South Central Tennessee to join the Project temporarily before making a planned, necessary move to another city, perservered for weeks of several training sessions per day in the absence of any significant improvement in their child's behavior beyond his learning to sit quietly in a chair. They have since taught him to eat with a spoon and some play behaviors. Since these children continue at unreduced high risk, and only slightly reduced risk, respectively, these two cases must be considered failures.

Two important developments have occurred in the provision of service. First, the addition of a trained liaison teacher to the staff permitted more active placement, support, and follow-up services such as the placement of cases F and G in normal first grade classrooms, B in a normal preschool, and D in an appropriate daycare center for the retarded. Second, as a result of evaluation and planning activities (see "planning," p. 9) the goals for the classroom have been established as follows, from highest to lowest priority: (a) demonstration of a model preschool program for very young handicapped children, with a diagnostic base; (b) training parents in the educational stimulation of their children; (c) coordination-and continuation-oriented inservice training for preschool teachers; (d) training for students. The latter goal alignment will place increased emphasis on demonstration and service in the classroom.

A curriculum for oppositional child training has been written and is undergoing operational test (see "Instruction Pamphlet for Parents of Oppositional Children," attached).

Supplementary Services

The Project continues to endeavor to apply any supplementary services needed. For example, when deafness was suspected in Case #9, audiological examination was arranged. The family was transported to the clinic and accompanied in the interviews and examinations, which confirmed profound bilateral loss. The mother was transported, accompanied, and assisted throughout the interviews at the agencies involved in providing a hearing aid. Simultaneously a joint treatment program was initiated with Bill Wilkerson Clinic's Home Program for the Deaf. Because the mother must work, efforts are underway to have her employed as a teacher aide in one of the Metro Special Education Classes for the severely behavior disordered that is supervised by Project staff. Such a position would enable her to bring the child to the Project Class, permit her time at home to work with the child, recognize and continue her training in child management, and be a socio-economic advance over her previous employment.

As the Project's referral base widens, car hookups and coordination with the transportation services provided by other community agencies are becoming more frequent. Should the trend continue, the Project Coordinator will "spin off" the function of arranging transportation as a separate operating cell headed by a parent manager of transportation.

Parent Participation

At the beginning of January, the writer of this section was appointed parent personnel coordinator. This was done to relieve pressure on the staff, Planners, and particularly the Project Coordinator. The goal is to develop a parent personnel system that will become self-sustaining.

The first task undertaken was to establish manpower pools for the parent managers in three of the Project modules: oppositional training, speech training, and visitation. The parent managers now have technically qualified mothers available on a daily basis. This has provided a marked reduction in reliance on less experienced or new mothers in all three areas, and has provided for a concentrated depth of operational experience for the mothers in the area of their greatest competence. These experienced mothers also help with orientation and training of new mothers as they begin operating in these areas, and they continue their supportive roles of imparting confidence to the new mothers.

Of all the modules, the play school has been the biggest problem to adequately staff on a day-to-day basis. However, there has been progress in this area which has alleviated most of the operational difficulties stemming from lack of personnel. The first step was to begin assigning mothers for specified periods on a regular basis. All mothers not regularly scheduled in other areas are so assigned. Also, contact was re-established with mothers whose children were no longer actively in the Project, and several of these mothers are contributing time at least one day per week for an hour or more.

New mothers are now usually assigned to the playschool within their first week. This achieves three main purposes: (1) the mother begins to receive support and encouragement from other mothers daily; (2) the mother becomes a contributing participant as soon as possible; and (3) the mother puts to use in a group situation the techniques she is learning. The latter is particularly noteworthy since most of these parents have more than one child.

In the last month, under the direction of a new play school manager in conjunction with a staff member, a set of structured activities has been developed, with each structured so as to involve the parent in a reinforcing situation with one or

more children. Also, the play school has been moved to more spacious and adequate quarters (MRL 122).

As the case load varies and as children move out of the Project classes, to help fill in manpower gaps in such a way as to minimize the effect on requirements in the activities modules, contact is maintained with the Volunteer Placement Service and with the Home Economics Department of Tennessee State University. Tennessee State has been able to provide senior students majoring in child development on the basis of two hours per student per week. They are assigned directly to the parent manager concerned.

Plans. Major plans for the future include the development of a self-sustaining parent personnel system: administering of a basic learning theory course, training tracks, both general and for the specific activities areas, and development of a set of activities structured for use on the outside playground when the weather permits. Parent managers have already identified necessary skills and degrees of competency for three levels in each of their areas.

Finally, a test is now underway regarding the involvement of parent managers in the service modules at the case responsibility (staff) level. It is very likely that carefully selected, highly trained parents whose children are no longer actively in the Project may function successfully as part-time, paid, para-professional staff, at least in individual tutoring and in oppositional child training. As with all parents, payment will be only for time devoted beyond regular Project participation requirements.

Consultants

Dr. Nicholas Anastasiow visited the Project on February 12 and 13, 1970. He returned on May 19 and 20 and conducted an in-service meeting for the staff on child development programming and classroom activities (see planning and in-service activities).

Mrs. Dolores Lambie, Director of the Carnegie Infant Project at Ypsilanti, Michigan, consulted with the staff on February 27, 1970, concerning infant development and programming.

Dr. Todd Risley consulted with the Project staff on January 8 and 9, 1970, and again on April 15 and 16 concerning programming and evaluation (see in-service training activities and evaluation).

Mr. David Stewart consulted with Dr. Ora on May 25, 1970, on internal organization and services to lower socio-economic groups (see planning activities).

On March 30, 1970, Dr. David Weikart spent the day observing the Project and discussing classroom curriculum with the staff.

Staff

As planned, Mrs. Bonafield resigned May 1, when her baby arrived, and Mrs. Hester, M.A., who did her graduate field placement in the RIP preschool class in the spring semester, succeeded her as Master Teacher. Mrs. Paschall completed her CSC internship in the Project during the spring semester, continues on field placement in RIP, and will join the staff full time as liaison teacher on September 1, as will Mrs. Ray, Project Coordinator. Mrs. H. has been hired part-time to supervise oppositional child training and other parents may be hired part-time. The search for an In-Service Training Director continues.

Advisory Council Activities

The Advisory Council, chaired by Dr. Samuel Ashcroft, met on January 16, 1970, to review the progress report of January 5, 1970, and to discuss the renewal operational grant application. The Advisory Council offered suggestions to the Project Director and strongly endorsed the proposed operational plans. The Advisory Council decided

to meet every six months and recommended that an executive committee, consisting of three professionals and three parents, meeting quarterly, would best serve the interests of RIP.

The executive committee is composed of Dr. Samuel Ashcroft, Joseph F. Lentz, M.D., Mr. Sheffield Nasser, and three parents. The executive committee, chaired by Dr. Ashcroft, met with Dr. Ora, Dr. Wiegerink, and Mrs. Ray on April 28, 1970. The agenda included a review of the current status of RIP and a discussion of problem areas.

The full Advisory Council is next scheduled to meet in July, 1970.

In addition, individual members of the Advisory Council have cooperated with assistance and advice in areas of their special competency.

Planning Activities

For the reasons explained on pp. 10-11 of the progress report of 1/5/70, heavy emphasis was placed on planning activities in the first six months of 1970. Three systems were used: (a) an internal continuous feedback system, (b) an extended external evaluation with feedback into planning, and (c) cross-sectional evaluation and planning sessions with consultants.

The Project's internal continuous planning consists of evaluating operations and relating them to goals. In part it involves verbalizing what is working well. The process-goal relationship is reciprocal. For example, disseminating an outstanding operational success, parent participation, has become a more emphasized goal. The following formal meetings were used: full staff 3-5 times weekly; Wiegerink-Ora at least once weekly; Ora-Ray at least once weekly; classroom staff twice weekly; Planners as needed (about monthly) plus frequent informal conferences; individual student supervision (Ora or Wiegerink/Hester, McCormick, Paschall, Ray, Wagner) daily or as needed.

From September, 1969, to February, 1970, a practium team in community psychology under the direction of Dr. J. R. Newbrough conducted an analysis of current and potential problem areas in internal organization and in the projected movement from planning to operational to statewide funding. Results were fed back to the Planners informally from January to April, 1970, and formally in May, 1970. Most suggestions were implemented. For example, a chronic and potentially damaging overload on the coordinating cell of the organization was alleviated by removing the Project Coordinator and the Project Director from most direct service to, respectively, service supervision and evaluation.

At intervals planning sessions were held with consultants Anastasiow, Risley, and Weikart. In May Dr. Anastasiow met with the full staff for a formal conference which resulted in a series of staff meetings to determine the priorities for classroom functions (see p. 7). In May Mr. David Stewart, a specialist in Health Education and health delivery systems' innovation from Meharry Medical School, met with the Project Director to assess progress on the community psychology team's suggestions and to help plan the further extension of services to lower socio-economic groups. In a series of conferences through the spring Ora and Wiegerink met with Drs. Miller, Radosevich, and Rawls of the Vanderbilt University School of Management to plan Project evaluation. The decision was to apply for additional funds in cooperation with the School of Management to develop cost/benefit evaluative operations for special education delivery systems. A precis of an application was prepared and presented to Research Division, BEH, which encouraged the formal grant application now in preparation.

Facilities

The staff administrative offices have moved to the third floor of the MRL/CSC Building, Suite 314. This move expands the Project's administrative space to include

offices for the Project Director, Project Coordinator, and In-Service Training Director. Additional service rooms on the first floor of MRL are now being used (see attached sheet).

Demonstration and Dissemination

During the last six months the Regional Intervention Project has had approximately 75 off-campus visitors. Students in psychology and educators in the major colleges in Nashville have taken a concerned interest in the Project. Many of the students who observed expressed an interest in working in the Project. RIP also had many nationally prominent visitors (see attachment).

Visitation to the Project has been coordinated by a Parent Manager with the assistance of five other parents. Each parent, before she worked in this area, was in control of the problem for which she entered the Project and was trained by the Parent Manager for several weeks before she assumed any responsibility in showing visitors.

A trained assistant took over the function of Manager in June so that the original Visitation Manager could pursue her desire to work as Manager in oppositional child training. The new Manager and her assistants are making some changes in demonstration procedures. In the future it is hoped that video tapings of each service module of the Project will be available to show visitors. The Project is to be regularly opened for two days each week to improve demonstration. On these days visitors, hours, and cases will be synchronized to show the Project at its maximum operation with a representative variety of child problems.

During the latter half of the year eight papers about the project were presented to concerned audiences (see attachment).

In-Service Training Activities

The in-service training activities emphasized the following areas of competence: child development information; preschool programming and curriculum; behavior modification procedures; data based evaluation methods and teaching techniques; and consultation with and training of parents as educational agents.

The training focused on four key staff members: Mrs. Jody Ray, coordinator in training; Mrs. Peggy Hester, master teacher in training; Mrs. Shirley Paschall, liaison teacher in training; and Mrs. Linda McCormick, state director in training. In addition, numerous parents were trained for important functions within the Project as described earlier in the report.

The training activities for the staff personnel were five-fold:

(1) Each member in training was concurrently enrolled in a degree program at Peabody focusing on children with behavior disorders, special education services, child development, and educational programming. Mrs. Hester received the M.A. degree in Special Education in the area of Behavior Disorders of early childhood, as Mrs. Ray will in August. Mrs. Paschall is currently completing her two-year master's degree in the Child Development Consultant Program; and Mrs. McCormick is continuing her Ph.D. degree work in Special Education in the area of Behavior Disorders.

(2) Consultants carried on in-service meetings with the staff. Dr. David Weikart spent two days with the Project focusing on classroom curriculum. Dr. Nicholas Anastasiow devoted four days to the Project focusing on child development programming and classroom activities. Dr. Todd Risley spent four days and focused on programming and evaluation.

(3) Staff members site visited numerous preschool projects to improve knowledge of classroom curriculum and the behaviors of normal and exceptional preschoolers. Projects visited included the Ypsilanti Preschool Curriculum Demonstration Project, the

Demonstration and Research Center for Early Education (DARCEE), and the American Child Care Center.

(4) Daily staff meetings focused on case decisions and responsibility, Project procedures, education techniques, and functional roles and responsibilities within the Project.

(5) The staff members read and were evaluated on numerous books and articles, including:

(a) Bijou & Baer, Child Development

(b) Reese, The Analysis of Human Operant Behavior

(c) Risley & Wolf, Establishing Speech in Echolalic Children

(d) Frost, Early Childhood Education: Revisited

(e) Hechinger, Preschool Education Today

(f) Mussen, et. al., Developmental Psychology

In-service activities have become a standard function within the Project and will continue to play an important instructional role.

Evaluation Activities

It may be an indication of the Project's success at evaluation that the process has become difficult to separate from "planning." The following section is concerned primarily with measurement. Other aspects are covered under "planning activities."

The measurement of child progress in behavioral terms remains the Project's principle procedure for evaluating process and, in an on-line or cybernetic feedback model, controlling operations. In oppositional child training continuous reliable recording during all sessions has been in effect throughout the year. A doctoral dissertation is now in progress to determine whether in-session behavior changes are correlated with behavior changes in the natural environment. In individual tutoring,

reliability problems were encountered in scoring. Moreover, unlike oppositional child training, graphing is complicated by changes in the dependent variables as children progress. By late spring these difficulties were resolved sufficiently to permit on-line recording and daily feedback to staff on each case. In the classroom the child's repertoire is observed and recorded upon entry. Progress is recorded in the teacher's notes and an educational summary prepared before the child leaves that module.

A parent is in training to commence regular administration of the Vineland Scale with the beginning of the operational year.

Throughout the year, upon any shift of a child from one service module to another or any transfer to a different service system, a summary and review of treatment was prepared. Together with the data, graphs, and other pertinent materials in the case folders, and the followup reports available through the liaison teacher, these reports will permit an estimate of outcome and costs saved.

After examining the potential problems of researching experimentally the effectiveness of the Project as a whole, the Project Director and Dr. Risley dropped the idea. Limitations in manpower make it impractical even if the additional funds needed could be obtained. Instead, a combination between-group and multiple baseline design will be used to determine the necessary and sufficient elements of the individual service modules as opportunities arise. If funds are obtained for joint operations with the Vanderbilt School of Management (see "planning activities," p. 9), this approach could become a powerful tool for examining the benefits of high cost elements of operations. One such study has already been partially conducted. The use of experienced, trained parents to direct the oppositional child and individual tutoring service modules appears to result in no deceleration in rate of child improvement. Consequently the expensive professional staff functions involved have been eliminated in favor of part-time, paid parent implementation of these functions.

Coordination

Placement of children from the Project in regular first grade classrooms and preschools further broadened the educational coordinating base. The liaison teacher made initial contact with the appropriate schools, made available to them case reviews, classroom reports and applicable data, aided the teacher as long as necessary in individual programming for the child, and maintained constant contact with teacher, child, and parents throughout the "settling-in" period. Periodic liaison contacts are made to assure successful placement.

Although all children referred to the Hopkinsville Center are currently still active in that group and new children from that area have been added, some problems with case management have arisen. Most of the current problems could have been avoided by more thorough training of the coordinating center staff and intensive liaison contact. Both of these functions were impossible during the Project's planning year because of limited staff, money, and time. The addition of in-service training and liaison personnel to the RIP staff should prevent these problems in the future. Similar problems arose with the Bill Wilkerson group for the same reasons. By agreement with that agency the cases concerned were returned to the Project.

Continuation

Many important developments have occurred on state level continuation over the year. The official outcomes have been (a) the preparation by Tennessee Re-ED and submission to the State Commissioner of Mental Health of a timetable and budget for statewide replication of the Project through the Re-ED regional centers; (b) the contribution of $6,000 cash to the 1970-71 RIP budget by the Department of Mental Health, in addition to the local time contributions of Re-ED personnel; (c) the preparation of a grant by

Tennessee Re-ED in consultation with Project personnel for Appalachia funds to replicate the Project in Chattanooga by 1971, with other replications to follow (see attachment).

Budget

See form HEW 489 (attached).

Timetable

During July and August, 1970, the Project will widen its referral base to include all pediatricians from group practices in which one or more members is actively referring. All autistic children and severely behavior disordered retarded children under 36 months are being solicited from these physicians. Any others referred by other sources will be accepted. In addition, up to ten oppositional children will be accepted over the summer and their parents trained as Project workers. Mrs. H. and Mrs. V. will be trained to assume staff level service responsibility for oppositional child training and individual tutoring, respectively, and to direct these service modules part time under Mrs. Ray's supervision. Mrs. S. will commence using the Vineland Scale at regular intervals with all intakes after July 1, 1970. Now that she is full time, Mrs. Hester, master teacher, will increase the classroom activities to two sessions per day. She will select and train a parent manager and other parents as needed for the classroom. Dr. Wiegerink will continue production of staff training materials. Dr. Ora will concentrate on the writing of curriculum for service for individual children, on the production of demonstration materials, and on dissemination materials, in that order of priority.

In September, 1970, Mrs. Paschall and Mrs. Ray will join the staff full time. An additional liaison teacher, whose functions would be primarily internal, may be hired. With its staff full time, curriculum and descriptive materials produced, an adequate number of trained parents on hand, and the practices of its actively referring physicians temporarily exhausted of referrals, the Project will move as rapidly as possible through

the remaining pediatric practices in Davidson County and surroundings. Next, general practitioners and pertinent physicians such as residents in outpatient clinics for children will be alerted. Finally, public health nurses will be alerted and diagnostic criteria will be inserted in news releases to elicit parent and community referrals. If at any point in the above stepwise process the service system is overburdened, the next step will be delayed. If all steps can be accomplished, then by disseminating its oppositional child training techniques back to the referral base, the Project will reach its goal of providing preventative service to all severely behavior disordered children under 36 months in middle Tennessee.

Whereas it has been actively demonstrating to students from the multi-university, visitors aggressive enough to seek it out, and visitors attracted by JFK Center, beginning in September, 1970, the Project will further emphasize demonstration by reaching out to its audience and by offering in-service training experiences to interested professionals.